The Problem
Significance

- Mental disorders are an important public health issue in the United States because of their prevalence, early onset, and impact on the child, family, and community, with an estimated total annual cost of $247 billion.

- A total of 13%–20% of children living in the United States experience a mental disorder in a given year, and surveillance during 1994–2011 has shown the prevalence of these conditions to be increasing.

- Suicide was the second leading cause of death among children aged 12–17 years in 2010.
Overview: Seattle Children’s Hospital

- Serving a 5 State Region
  - approx 310 inpatient beds
  - 41 Behavioral Medicine beds
- <330,000 ambulatory visits per year
  - >40,000 Psychiatric visits per year
- >6,000 Employees
  - 1,300 active medical staff
  - 180 Psychiatry/Behavioral Medicine staff and faculty
- Culture of Safety and Continuous Improvement
The Vision
The Care Model

FAMILY CENTERED
PARENTS INTEGRATED INTO ALL ASPECTS OF CARE

RESPECT and DIGNITY
HOPE and COMPASSION
NORMALIZE the ENVIRONMENT
PATIENT CHOICE

COMMUNITY OF RESPECT FOR SELF, OTHERS AND THE ENVIRONMENT
As many as 90% (Muesar, 1998) of people who require hospitalization because of symptoms of mental illness have coexisting—and, perhaps, precipitating—histories of trauma.

The National Association of State Mental Health Program Directors offered this definition of trauma in 2004: “The personal experience of interpersonal violence including sexual abuse, physical abuse, severe neglect, loss, and/or the witnessing of violence, terrorism and disasters.” The 2000 American Psychiatric Association’s definition of a traumatic event is one in which a person “experienced, witnessed or was confronted with an event(s) that involved actual or threatened death or serious injury or threat to the physical integrity of self or others.”

Those we serve in hospitals frequently have histories of many such events in their lifetimes, aggravated by the trauma of police pick-up, physical restraint, isolation from others during the scariest moments of their lives, involuntary medication administration, involuntary hospitalization, and the experience of psychotic or severe mood symptoms.
Tools to develop coping skills

Trigger Card

Triggers
Things that make me feel mad, sad, or upset are:

- 
- 
- 
- 
- 
- 

Warning Signs
Others know I am mad, sad, or upset because:

- 
- 
- 
- 
- 
- 

Name: ____________________________

Adapted from: Mental Health America

My Coping Skills Now
When I am mad, sad, or upset I manage by:

- 
- 
- 
- 
- 

“New” Cope Sequence

1. Calm: I can calm by?
2. Options: My options/choices are?
3. Perform: My best options are?
4. Evaluate: How did my option work?

My New Coping Skills
When I am mad, sad, or upset I manage by:

- 
- 
- 
- 
- 

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Zoning of patient and staff activities

“Safety First”

SCH Guiding Principles
Zoning of patient and staff activities

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Zoning of patient and staff activities

SCH Guiding Principles
Assigning Appropriate Levels of Risk

LOW RISK; at staff or public area

HIGH RISK of self harm or vandalism; where patient may be unobserved for some period of time

MODERATE RISK of self harm or vandalism; where patient is typically observed

LOW RISK; at staff or public area

“Safety First”

SCH Guiding Principles
The Planning: Level 5

- Team Space
- Group Room
- Dining
- Group Lounge
- Family Lounge
- STAIR
- Con
- Gym
- To Pool
- Patio
- C
- LR

Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION
The Therapeutic Milieu
Reception: Create a warm and welcoming front door

- Parent lockers
- Door to Unit Entry
- Systems furniture provides flexibility
Community space: *Open space creates breathing room*

- Natural light & views
- Bright ceiling in transition spaces
- Integrated wayfinding + donor opportunities
- Enhanced acoustic floor and ceiling
Dining: Low maintenance and easy to clean

- Positive distraction
- Integrated wayfinding
Daytime Activity Zone

Color coded destinations

Transparency creates a sense of openness and safety
Group Room: a space to chill out and socialize

- Apply Ply
- TV cabinet
- Whiteboard
- Furnishings color coded to zone
Class Room:  *...a space to imagine and create*

- Whiteboard
- Book + Toy Storage
- Apple Ply Furnishings
- art gallery
Living Rooms:  *Calm respite to start and end the day*

- Whiteboard
- Book + Toy Storage
- Apple Ply Furnishings
- art gallery
Comfort Room: Alternative to restraint and seclusion
Living Rooms: *Calm respite to start and end the day*

- dimmable lighting
- warm, natural materials in Living Spaces
- flexible, comfortable seating
Patient Room: *Personal space with comforts from home*

- **Grooming**
- **natural light and views**
- **cubbies for personal things**
- **flexible furnishing**

*Image of a patient room with a bed, cubbies, and a window showing natural light and views.*
Patient Room: Personal space with comforts from home

- Communication board
- Individual light & temperature controls
Resources
PATIENT SAFETY STANDARDS, MATERIALS AND SYSTEMS GUIDELINES

Recommended by the
NEW YORK STATE OFFICE OF MENTAL HEALTH

With respect to NYS-OMH operated facilities, these Guidelines apply solely to new construction and major renovation projects. Existing facilities should use these Guidelines as a reference document whenever they make improvements.
Design Guide for the Built Environment of Behavioral Health Facilities

Now with Patient Safety Risk Assessment Tool

by James M. Hunt, AIA, NCARB and David M. Sine, DrBE, CSP, ARM, CPHRM

Distributed by the The Facility Guidelines Institute

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Mental Health Facilities